2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 25, 2004 8:00 am Secretary of State

| DOCUMENT # 743170 1. Entity Name A BRIGHTER COMMUNITY, INC. | | | | -13-2004 90009 001 | 61.23 | | | | |
|---|--|--|--|---------------------------------------|------------------------------|--|--|--|--|
| Principal Place of Business 1613 N. MARION ST. TAMPA, FL 33602-9638 | Mailing Address 1613 N. MARION ST. TAMPA, FL 33602-96 | 538 | 6640 | | ร์ รัฐบบธบอบ เกมเกมเกม | | | | |
| 2. Principal Place of Business | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 01302004 Chg-NP CR2E037 (10/03) | | | | | | |
| City & State | | 4. FEI Number 59-0624453 | Applied For Not Applicable | | | | | | |
| Zip Country | Zip | Country | 5. Certificate of St (a) | | 75 Additional Required | | | | |
| 6. Name and Address of Cu | rrent Registered Agent | Name | 7. Name and Adress of New Registered Agent Name | | | | | | |
| RYALS, KAREN 2215 E HENRY AVENUE TAMPA, FL 33610 | | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | City | | FL ² | Zip Code | | | | |
| The above named entity submits this statem the obligations of registered agent. | ent for the purpose of changing It | s registered office or regis | agent, or both, in the | State of Florida. I am famili | ar with, and accept | | | | |
| SIGNATURE Karen E Ryals Signature, typed or priviled name of registered eigent and like if applicable. (NOTE: Registered Agent signate incurred when reinstating) DATE | | | | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | ampaign Financing | \$5.00 May Be Added to Fees | | | | | | |
| | ID DIRECTORS | 11 | ADDITIONS/CHANGES | TO OFFICERS AND DIRECT | | | | | |
| ITTLE PD NAME PERRELL, TAMMY STREET ADDRESS 201 E KENNEDY BLVD STI CITY-ST-ZIP TAMPA, FL 33602 | □ Delete ≦ 1516 | AME STREET ADDRESS CITY-SI-ZIP | | · · · · · · · · · · · · · · · · · · · | Change 🔛 Addition | | | | |
| TITLE VD NAME ARTMAN, DOUG STREET ADDRESS 4600 W CYPRESS STREET CITY-ST-ZP TAMPA, FL 33601 | ☐ Deixte | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change Addition | | | | |
| TILE TD DOUGLAS, STEPHEN~ STRET ADDRESS 2203 N LOIS AVE STE 700 TAMPA, FL 33607 | | TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | Change Addition | | | | |
| NAME MCDILL, OWEN STREET ADDRESS 101 134ST KENNEDY BLVI CITY-ST-ZP TAMPA, FL 33602 | D STE 2800 | NAME STREET ADDRESS CITY-ST-ZIP | | | Change - — 🗔 Addition - | | | | |
| ITILE NAME STREET ADDRESS CITY-ST-ZIP | □ Deterte | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | · | Change Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change | | | | |
| I hereby certify that the information supplifindicated on this report or supplemental if of the corporation or the receiver or trusts changed, or on an attachment with an ac | with this filing does not qualify ort is true and accurate and that empowered to execute this repotest, with all other like empowere | t my signature shall have t | he same legal effect as it n | nade under oath: that I am ar | n officer or director II | | | | |
| SIGNATURE: Karen | ED OR PRINTED ALME OF SIGHING OFFICE | Ru E Ryal | 1 6 | 813.239. | .1179 | | | | |

Attachment

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

| ANNUAL REPORT | | | | | | | | | | | | |
|--|--|--|-------------|---|--|-------------------------------|------------|--------------------------------|-----------------------|--|---------------|---------------------------|
| 1. Entity Nam | ne | # 743170 MMUNITY, INC. | | | | | | #10 | 10407/1 | | | |
| 1613 N. MAI | Place of Business Mailing Address MARION ST. 1613 N. MARION ST. FL 33602-9638 TAMPA, FL 33602-9638 | | | 38 | | | | | IIA BITTA TABIL DA |)(6 (8)) 4 3 3 1 3 1 5 1 | | |
| 2. Principal F | rincipal Place of Business 3. Mailing Address | | | | | | | , | | | | |
| | Apt. #, etc. Suite, Apt. #, etc. | | | | | | 03012004 | Chg-NP | CR2E03 | 7 (10/03) | | |
| City & Stat | City & State | | | | | | | 4. FEI Numbe 59-0624 | | | | plied For t Applicable |
| Zip | | Country | Zip Count | | untry | | | of Status Desired | | \$8.75 Add Fee Required | | |
| | 6. Name | and Address of Current | Registere | d Agent | | Name | | 7. Name and | Address of New I | Registered A | Agent | |
| RYALS, KAREN 2215 E HENRY AVENUE TAMPA, FL 33610 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | | | | | | City | | | | FL | Zip Code | 3 |
| 8. The above the obligat | named entitions of regis | ty submits this statement fo tered agent. | r the purpe | ose of changing its | register | ed office o | r register | ed agent, or both | h, in the State of Fl | lorida. I am f | amiliar with, | and accept |
| SIGNATURE Signature, typed or printed name of registered agent and title papplicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | |
| | _ | ee is \$61.25 May 1, 2004 | | Election Can Trust Fund C | | | | \$5.00 May Bo Added to Fees | | ilake check rida Depart | | |
| 10. | | OFFICERS AND DIE | RECTORS | | 11. | | , , | ADDITIONS/CHA | ANGES TO OFFICE | RS AND DIF | RECTORS IN | 10 |
| TITLE Name | 5555511 ******* | | | | TITL | | Fea | neu, Tr | km my | | Change | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | 201 E KENNEDY BLVD STE 1516 | | | | | EET ADORESS '-ST-ZIP | (s | Anc) | , | | | • |
| TITLE | VD | BOUG | | ☐ Delete | TITU | | | | - 14 | | Change | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | 4600 W C | YPRESS STREET | | | | IE EET ADDRESS '-ST-ZIP | AR. | SAME) | DU6 | | | i |
| TITLE | TD | | | ☐ Delete | πι | E | | | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | 1 | S, STEPHEN OIS AVE STE 700 FL 33607 | | | | EFT ADDRESS '-ST-ZIP | | | | | | |
| TITLE | SD MCDILL. | OVAZENI | | ☐ Delete | TITL | | ۵. ۲ | C 11 6 | | | Change | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | 1 ' | T KENNEDY BLVD ST | E 2800 | | | ET ADDRESS -ST-ZIP | | GILL, D Some) | حیس | | | |
| TITLE | TAINI A, I | L 33002 | | ☐ Detete | TITLI | E | | <u> </u> | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | | ET ADDRESS -ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | ET ADDRESS | | | | | ☐ Change | Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: TAMMY FEMALL 3/19/04 | | | | | | | | | | | | |
| | | SIGNATURE AND TYPED OFF | RINTED NAM | E OF SIGNING OFFICER | OR DIRECT | roa ' | | | Date | De | ytime Phone # | ľ |